SUPERVISOR INTERVIEW STATEMENT



Date:	Time:	
		CSHO ID Opt Rpt # Yr. Insp. No.
Employee Name:		Phone: ()
Address:		
Occupation:		(Male)
Employer Name:		Employed from:/ _/to:/ _/
() Credentials Presented	() Discrimination Explai	ned
Union: (yes) (no) If yes, Name of Ba (If known) A		
HAZARD COMMUNICATION CHECKI		
() Access to Written Program () Training on Requirements of Standard		s () Labeling System Explained Precautions for Handling Explained
CONFINED SPACE CHECKLIST		
Qualified Person	() Preparation/Ventilation () Atmospheric Testing	
() Permit System () Training Program	() Entry Procedures, Attendant/Non-Attendant() Rescue Teams, Special Equipment and Tools, Rescue Devices	
() Training Frogram	Rescue Teams, Special	Equipment and Tools, Rescue Devices
LOCKOUT/TAGOUT CHECKLIST		
() Written Energy Control Procedures () Training	() Proper Use of Tags or I() Effectiveness of Energy	
Employee Statement:		· · · · · · · · · · · · · · · · · · ·
() CSHO has assured the employee the anyone unless ordered by a court to		r and Industry will not release this statement to
Employee Signature		CSHO Signature